

Foster Family Home - Corrective Action Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-5

91-804 Kauwili Street

Reviewer: Carrie Wakai

Ewa Beach

HI 96706

Begin Date: 2/21/2018

End Date:

4/16/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. A corrective action report was issued with a Corrective Action Plan due to CTA by 3/21/2018.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1) & 7.1(a)(2)-2nd set of APS/CAN/Fingerprinting not present on HHM#1.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41 (b)(7)- No current TB clearance results on HHM#1.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

2/21/18
Date

2/21/18
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1a1 7.1a2	HHMI completed the APS/CAN/Finger print	3/20/17	Home understand the back ground check requirement. Home will use calendar on Iphone to input all due date to prevent any future lapse.
41.6(7)	HHMI TB completed.	2/23/18	Home understand the TB clearance require every year. Home will use calendar on Iphone to input all due date to prevent any future lapse

Primary Caregiver's Signature:

Print Name:

Josefina Ounbey Date of Signature: 4/16/18